



Workshop: Research challenges on widespread implementation of brief alcohol interventions.

**Measurements used in the
'Drinkless Program'
(‘Beveu Menys’)
Results from Catalonia**

Gual A, Segura L, Montserrat O, Colom J.

 **Generalitat de Catalunya
Departament de Salut**

**Helsinki, Finland
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THE “BEVEU MENYS” PROGRAM

- **In 1995, we joined the Phase III Of the World Health Organisation Collaborative Project and Primary Health Care**
- **In the framework of the Phase IV of the WHO Project we started in 2002 the dissemination of the “Beveu Menys” in all the Primary Health Centres**
- **We have entered the iteration/implementation phase in december 2005**

PHASE IV ESSENTIAL COMPONENTS

- Customizing Materials and Services
- Reframing Understanding of Alcohol Issues
- Establishing lead organizations and building strategic alliances
- Establishing and evaluating demonstrations

THE “BEVEU MENYS” PROGRAM

2002-2005



340 PHC Centres
7915 PHC professionals

2005-2008



THE TRAINING MODULE

- **Design:** Customization of the Drinkless Package
- **Duration:** 5 hours delivered by alcohol specialists as CME courses
- **Style:** Motivational, flexible
- **Contents:** Alcohol and PHC Screening
Brief interventions
Alcohol dependence
Coordination



THE "BEVEU MENYS" BULLETIN



Bulletin for general practitioners



Bulletin for specialists

Aims

- Marketing
- Professionals involvement
- Information on alcohol

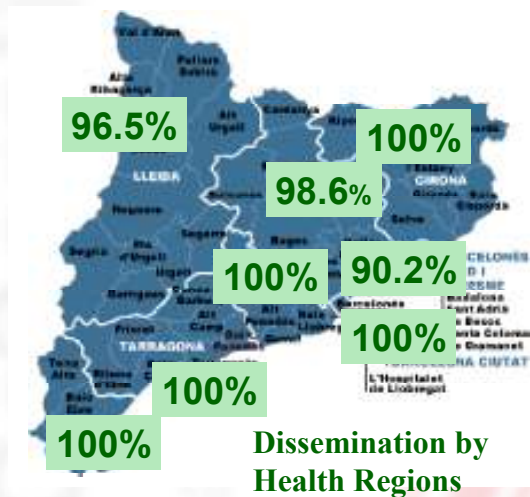
Targets

- General practitioners
- Specialists

Frequency and via

- Monthly (started May 03)
- By e-mail / Web

WHAT HAVE WE DONE?

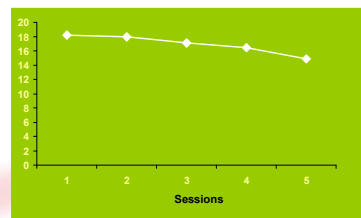


December 2005:

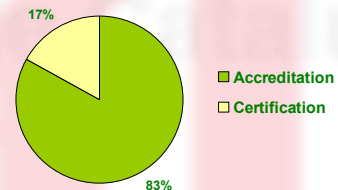
- 84 trainers
- 340 courses made
- 98 % PHC centres
- 6311 professionals accredited
- 900.000 €
- BM Package: 8687 for PHC and 109 for trainers in Drug Treatment Centers (DTC)
- Bulletins: 23 numbers to 711 addresses (138 DTC)

ACCEPTANCE OF THE COURSE

- Rate of Attendance high and maintained during all sessions



- 83% of participants attended at least 80% of the sessions.



WHAT'S THE IMPACT OF TRAINING ON TRAINERS?*

	Strongly disagree		-/+		Strongly agree		
To train PHC teams in alcohol is important	0	2	0	2	4	29	63
To train PHC professionals pays off	6	6	10	18	20	24	14
Coordination between PHC and specialists is impossible	47	39	4	8	2	0	0

* Results are shown in percentages. N=49

EVALUATION

- SAMPLING: 10% of the centres
- DESIGN: Pre/post (baseline and 3 month follow up the measurements)
- TARGETS AND SOURCE OF INFORMATION:
 - Gp & Nurses interviews (3/center)
 - Medical records audit (30/center)
 - Patients questionnaires (40/center)
- VARIABLES:
 - Attitudes
 - Knowledge
 - Behaviour

DRINK LESS EVALUATION

	++	+	+/-	-	--
Global evaluation	15	68,3	16,7	0	0
Useful to give advice	10	40	41,7	8,3	0
Increase skills	10,2	40,7	42,4	6,8	0
Helps in daily clinical work	6,8	69,5	10,2	13,6	0
Helps to screen	8,1	31,7	43,3	16,7	0

- Results are shown in percentages (N=63)
- Attended 94% of professionals interviewed

CHANGES IN PROFESSIONALS AT 3 MONTHS

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	55	68,8	41	61,2	n.s.
I'm satisfied to help to change alcohol habits	50	62,5	50	84,7	p<0.05
I have enough training	47	58,8	41	61,2	n.s.
SDU contents in grams	43	57,3	49	87,5	p<0.001
Risky Drinking Criteria	39	51,3	36	63,2	n.s.
Use of standardized instruments	6	7,9	24	42,1	p<0.01
% Risky drinking/day (x;sd)	3,93	4,80	5,14	6,8	n.s
% AD /day (x;sd)	1,17	1,6	2,32	4,42	n.s

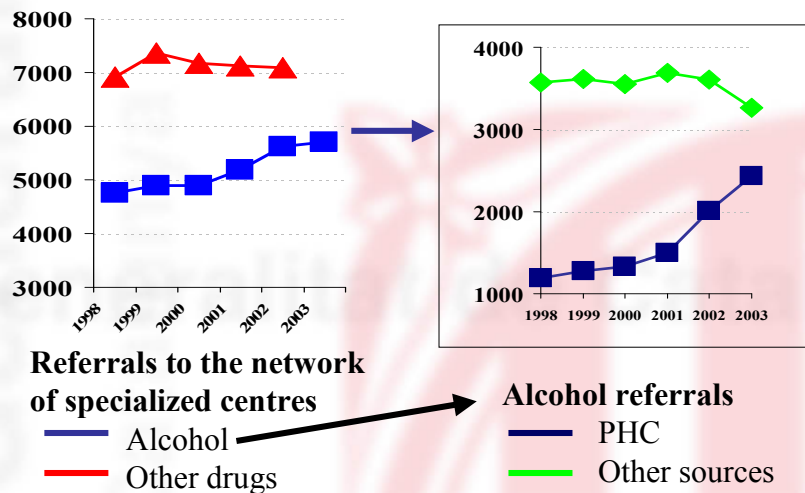
MEDICAL RECORDS: RESULTS

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	488	57,5	452	55,9	n.s.
MR opened (X, SD)	7.35	4.94	7.51	5.39	n.s.
Age (X, SD)	54.85	19.60	52,52	21,56	n.s.
Screened last 3 Months	75	8.8	74	9.2	n.s.
Risky Drinking	2	3,2	3	4,6	n.s.
Alcohol Dependent	3	4,8	1	1,6	n.s.
Shared treatment	1	1,6	1	2	n.s.

PATIENTS RESULTS

	Basal		Folow-up		Analysis
	N	%	N	%	p
Women	620	64,1	627	61,5	n.s.
Risky drinkers	185	19,3	180	18,7	n.s.
Age (Mean and SD)	52,8	18,6	54,6	19	n.s.
Once a month	322	33,6	362	35,6	n.s.
Primary Studies	640	67	685	67,8	n.s.
Working	432	44,7	410	39,9	p<0.03
Never Screened	493	51,1	542	53,4	n.s.

WHAT'S THE IMPACT OF TRAINING ON HEALTH PROFESSIONALS: INCREASE OF REFERRALS



PROCESS EVALUATION

Trainers and trainees feedback

Focus Group with trainers:

8 groups, all the trainers

1 questionnaire

Focus Group with PHC directors (trainees):

4 groups, 10% of the centres

1 questionnaire

PROCESS EVALUATION **FOCUS GROUPS: STRENGTHS**

TRAINERS & PHC DIRECTORS

- **Facilitation of the contact and approach between Drug Addiction Network and PHC**
- **Good acceptance of the courses by the PH professionals, specially nurses**
- **High interest on motivational approach by PHC**
- **Referral rates for alcohol dependence to specialized centres a marked increase**
- **Demand of continuity strategies**

PROCESS EVALUATION **FOCUS GROUPS: WEAKNESSES**

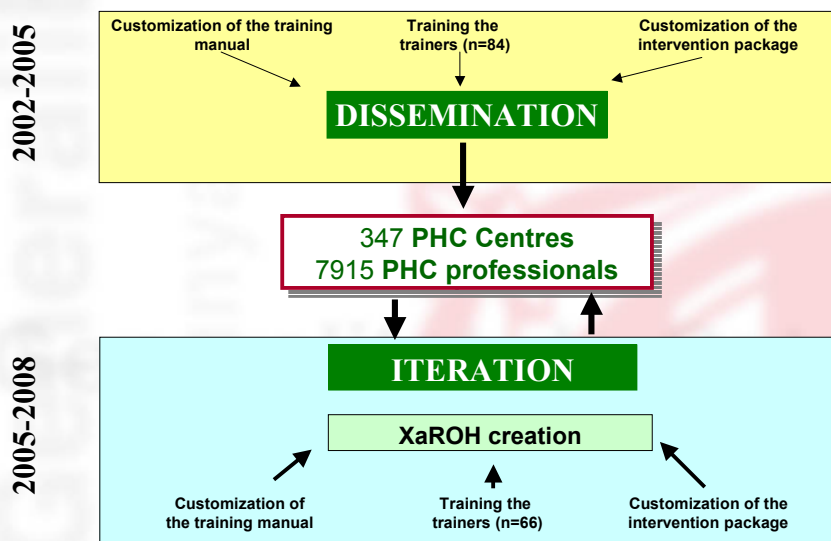
TRAINERS & PHC DIRECTORS

- **Lack of time of PHC professionals: priority is given to treatment vs preventive interventions**
- **No agreement on the implementation level**
- **Lack of facilities for the implementation: Medical Records, computerized records.**
- **Lack of contractual agreement related to the intervention**

WHAT HAVE WE LEARNT FROM THE INITIAL EXPERIENCE?

- Alcohol poses a difficult challenge to the Health System.
- The change will not appear dramatically. Slow changes are to be expected if continuous work is done. The first movement in PHC appears with the most severe cases.
- Implementation should be reinforced through contractual incentives
- Future developments should enhance the nurses role, and promote a more active implication of PHC workers.

THE “BEVEU MENYS” PROGRAM: ITERATION PROCESS



THE “BEVEU MENYS” PROGRAM: ITERATION PROCESS

- Creation of the PHC network (**XaROH**): Alcohol referents are responsible for the implementation of SBI strategies in hazardous and harmful drinkers in their PHC.
- Creation of the Alcohol and Primary Health Group (**GAAP**)
- Creation of the **Nursing working group**.
- Development of new **CME strategies**

STRENGTHS

- Result of a participative process
- Takes into account the differences of each center
- Prevention promoted from inside the PHC centers
- More training adapted to real settings: clinical cases.
- Includes a PHC implementation agreement

WEAKNESSES

- National project that includes big number of centers, interlocutors, administrative matters...
- Big differences between centers and health regions: needs, goals, facilities, different computerized medical records.

SOME MORE STEPS

- Introduction of an **Alcohol Screening Indicator** in the Health System Contract.
- Adaptation of the BM tools for the existing computerized **medical records** in PHC settings
- Inclusion of the preventive work on alcohol consumption in the **professionals' personal contract goals**
- Dissemination of **SBI techniques to other settings** (hospitals, emergency rooms, etc.).
- Website improvement and on-line tools
- Development of virtual training
- Transfer the program to the Health system

THANK
YOU!!

tgual@clinic.ub.es

www.gencat.net

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